The important causes for widespread anaemia are inadequate intake of iron, inadequate absorption of iron from cereal based diet, inadequate consumption of green leafy vegetables and citrus fruits, frequent pregnancies with shorter intervals, high prevalence of infections and infestations, faulty feeding practices and lack of dietary diversification. Apart from nutritional factors, illiteracy, poverty and general economic and social development have a bearing on the incidence of anaemia among people.

(c) Iron deficiency is a problem of inadequate nutrition. A National Nutritional Policy was formulated in 1993 and the national plan of action on nutrition is being implemented through a number of Departments/ Ministries of Government of India including, amongst others, the Integrated Child Development Services Programme of Ministry of Women and Child Development and the National Rural Health Mission (NRHM) of the Ministry of Health & Family Welfare for improving the nutritional status of pregnant women and children.

Under the Reproductive & Child Health Programme which is a part of NRHM and is being implemented throughout the country, pregnant women and children (1-5 years) are provided with Iron Folic Acid tablets for prophylaxis and treatment of anaemia.

To tackle issues like poverty and general economic development which have a direct bearing on anaemia among people, programmes such as Jawahar Rojgar Yojana, Integrated Rural Development Programme, Indira Awas Yojana and Adult Literacy Programme are being implemented by different departments of agencies of Government of India.

(d) There is no proposal at present to launch a campaign for anaemia at par with the campaign of this Ministry against Polio.

Steps to curb smoking habit

2982. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Dr. Charles Warren of Centers for Disease Control and Prevention in Atlanta, Georgia has estimated that global annual deaths from smoking are expected to double by 2020 and that gap between male and female smokers will narrow down;

(b) if so, the details thereof with particular reference to India; and

(c) the effective steps being taken to curb smoking habits in India?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir. As per the study of Dr. Charles Warren, as published in Lancet, the global burden of disease from tobacco use in estimated to double with the number of deaths slated to rise from 5 million in 2005 to 10 million in 2020. The study also reveals that the difference in cigarette smoking between boys and girls is smaller than the difference between men and women.

(c) For discouraging the consumption of Tobacco Products a comprehensive Act titled Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution), Act, 2003 has been enacted and has come into effect from 1st May, 2004, the salient features of which are:

(i) Ban on direct/indirect advertisement of tobacco products;

(ii) Prohibition of smoking in public places;

(iii) Prohibition of sale of tobacco products within 100 yards of schools/institutes;

(iv) Prohibition of sale of tobacco products to minors.

Foreign training for ground level health personnels

2983. SHRI TARIQ ANWAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that top officials are going abroad for getting the knowledge/training of health schemes of foreign agencies;

(b) if so, the details thereof;

(c) whether it is also a fact that the actual doctors/fieldmen who will implement the scheme have no knowledge about it; and

(d) what steps Government will take to give training/knowledge to actual doctors/fieldmen who will implement these schemes in rural areas?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) National and International agencies and UN organizations like WHO, NUFPA etc. request